) II	-	THE DIVISION OF	HEALTH OF MISSO	URI			
FILED SEP	. 1054	STANDARD CER	TIFICATE OF DE	ath s	tate File No	29020	
SIRTH NO.	7 1951	_ REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST.	NO. 3066	Registrar's No. S	3040	
I. PLACE OF DE		4003	2 USUAL RESID	DENCE (Where decease	ed lived. If treate	ation: residence before	
	• Louis		a. STATE MO.		COUNTYSt.	Louis Louis	
b. CITY (If outside corporate limits, write Bi OR TOWN KirkWood		township) STAY, (in this )	S 78 TOWN Kirk	c. CITY (If outside corporate limits, write BURAL and give tow OR TOWN Kirkwood			
d. FULL NAME OF HOSPITAL OR INSTITUTION		nstitution, give etreet address or locati e Convent	d. STREET (If reral, give location) ADDRESS 800 E. Monroe			1,	
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	. 4. DATE	(Month)	(Day) (Year)	
(Type or Print)	Theresa		Stratmeyer	OF DEATH	Aug. 3.	1, 1951	
Female	COLOR OR RACE White	Never married, Never married, Never married,	March 30,	1860 9. AGE (In last birth		YZAR F SHOER IS HEA. Pays Hours Min.	
10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired) SCHOOL Teacher		10b. KIND OF BUSINESS OR DUST	PV		12. CITIZEN OF V		
		Ursuline Order		<u></u>		country: America	
3a. FATHER'S NAME		136. MOTHER'S MAI		14. NAME OF HUSE	BAND OR WIFE	<del>-</del>	
Christian 15. WAS DECEASED EVI				None S SIGNATURE OF	MAME	ADDRESS	
(Yee, no. or unknown) (I	res, give war or dates	of service) None	Mother Cel			rkwood	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such	ANTECEDENT CA	ONDITION ING TO DEATH*(a)	L CERTIFICATION	artirios	elen	INTERVAL BETWEEN ONSET AND DEATH	
ns heart failure, authenia, sic. It means the dis- case, injury, or complica-	rise to the above of the underlying cou	TURE ( A / BAUTUR		450	0		
tion which caused death.	II. OTHER SIGNIF Conditions contrib related to the disea	FICANT CONDITIONS nuting to the death but not se or condition causing Reality	way and	lozanem			
19a. DATE OF OPERA-		DINGS OF OPERATION	0		<u> </u>	20. AUTOPSY?	
	<u> </u>					YES   NO	
Pla. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or ab home, farm, factory, street, office bldg., s	21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)	
21d, TIME (Month) OF INJURY	(Day) (Year) (	Elour) 21e. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 211. HOW DID INJURY	OCCURT			
2. I hereby certify alive on	hat I attended ti	he deceased from	, 1940, to <u>G</u>	re causes and on th	•	saw the deceased	
23a. SIGNATURE	2 Yue	(Degree or title	236. ADDRESS	Bai Be	ve !	23c. DATE SIGNED	
24a. BURIAL, CREMA TION, REMOVAL (Book) BUI 12 I	9/3/51	4		zud. Location (Olly, Kirkwood	town, or county	) (State) Mo.	
DATE REC'D BY LOCAL REG	REGISTRAR'S S	GATURE Sonke M	5. FUNERAL DIRECT Meyer-Pfit		Kirkwo	eess ood	
		(Licensed Embylense	Factoment on Reverse Sid				

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse sid	e of this	certificate v	was embalmed l	by me, or by	
		Student	Embalmer No.	******************	#********
working under my persona! supervision.	111	10.	1//	17	- <b>∽</b>

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.